Oklahoma State University Family Medicine Residency

Handbook 2013-2014

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WELCOME!

On behalf of the faculty and staff of OSU Center for Health Sciences and the Department of Family Medicine, we would like to welcome you to Oklahoma's premier Family Medicine residency.

You were selected from among your peers and represent some of the brightest and most capable residents to join our program to date. We look forward to working with you over the next several years to broaden your clinical exposure and to expand your knowledge base.

Our faculty is made up of board certified family physicians from a variety of backgrounds and clinical expertise. All of our faculty are excellent teachers and endeavor to offer you the finest educational experience possible.

Inside you'll find out what we expect from you, the resident. In turn, you'll also find out what you can expect from us, the faculty.

Congratulations on your accomplishments so far! We're glad to have you with us.

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Overview of Family Medicine Residency Curriculum

The Family Medicine Residency is a 3-year Post Graduate Medical program. [OGME 1, OGME 2, and OGME 3]

The first year (OGME 1) is an American Osteopathic Association (AOA) approved Internship which includes rotations in Family Practice, Emergency Medicine, Obstetrics and Gynecology, Pediatrics, Internal Medicine, and General Surgery. During most rotation months, one-half day a week will be spent at the continuity care clinic located in the OSU Health Care Center (HCC.)

The second (OGME 2) and third (OGME 3) years are spent mostly in the ambulatory care setting and are designed to focus on the ambulatory aspect of patient care and the enhancement of specific clinical skills needed to care for the family medicine patient. The Osteopathic Family Medicine program provides residents with the instruction and necessary experience needed to evaluate and manage a great majority of health problems for the general population. During the 2nd year, the Resident will spend one day a week at the continuity care clinic, and during the 3rd year the resident will spend 2 days a week at the continuity care clinic.

Continuity of Care Training

As directed by the American College of Osteopathic Family Physicians, Continuity of Care is the core value of osteopathic family medicine. To teach this core value, each resident will be assigned a designated panel of patients. The patients on that panel will clearly identify the assigned resident as their health care provider, and the assigned resident is responsible, under supervision, for the health care needs of those assigned patients. As the resident progresses in skill and proficiency, the patient panel and daily patient load will increase.

The expected average daily patient load for the year of training is as follows: OGME1 sees 6 patients in a half-day, OGME2 sees 8 patients in a half-day and OGME3 sees 10 patients in a half-day. Per ACOFP Basic Standards, the three-year continuity of care site experience must include at least 1,650 patient visits, with a minimum of 150 occurring in the OGME1 year.

An official count of continuity patient encounters is kept to document that the required number of patients has been seen in the continuity of care clinic during the three years of residency. The official count is documented through reporting generated by the clinic's practice management software. Each resident's monthly patient count is entered into a spreadsheet kept by the program coordinator. The cumulative patient count is reported to each resident quarterly. Residents are encouraged to keep a

personal log of continuity clinic patients encounters. All records and logs of continuity clinic patient encounters must comply with HIPAA regulations.

Hospital Teaching Service

As part of the Family Medicine Resident program, each resident is required to participate in the Family Medicine teaching service program. This involves care of hospitalized patients by the Family Medicine Resident with supervision by Family Medicine faculty physicians. This service involves admissions to the hospital from the following clinics: Health Care Center, OSU Family Medicine POB, and Eastgate. Hospitalist services are provided by agreement to some private physicians' patients and to unassigned patients from the Emergency Department at OSU Medical Center.

Resident responsibilities include evaluation and admission of each patient to the hospital service. Each patient is managed and followed by the Resident physician who is supervised by the attending physician faculty member. This rotation requires 24-hour in-house resident call to be scheduled by the chief residents in with oversight by the program director.

This rotation is designed to teach complete care of the hospitalized Family Medicine patient. The resident will learn how to appropriately evaluate, manage, and discharge the hospitalized Family Medicine patient.

What is expected?

- Morning Report begins promptly at 7am. All residents assigned to teaching service must attend Monday – Friday. On Saturday and Sunday, the residents with weekend duty must attend morning report. The night call person provides an accurate patient list to each team member, and gives a formalized thorough report of new admissions and all floor calls from the night shift.
- Each resident will be assigned at least 2 weekends during the rotation month.
- Attending Rounds usually begin at about 9am, but this start time is at the discretion of the faculty physician.
- The most senior resident on the service will oversee and coordinate patient care responsibilities.
- Residents should be familiarized with their patients, write appropriate orders and progress notes, and be ready to formally present their cases during rounds.
- Attire is professional. Scrubs may be worn on post-call days only.
- Evening Report occurs at 6 pm every day. The FMTS day shift will provide an accurate patient list and detailed report of each patient's status.
- Residents are to work on the teaching service for the full day including evening report. This ensures that patient care is complete and timely,

and that all admissions, discharges and dictations are completed on the day of occurrence. The only exceptions to this rule are residents who are post-call, and residents who are scheduled for continuity clinic.

- During FMTS, OGME 1 and OGME 2 residents have one afternoon of continuity clinic. OGME 3 residents have continuity clinic two afternoons weekly.
- Vacation leave will not be granted during the hospital teaching service rotation.

Rotation Curriculum

All of the rotations in the curriculum are shown here in a service grid. Descriptions and specific competencies for each rotation can be found in the Residency Description Document.

RESIDENT SERVICE GRID (OGME YEARS 1, 2 & 3)

Service	Aggregate Time
Emergency Medicine	3 months
Obstetrics/Gynecology	3 months
Pediatrics	4 ½ months
Internal Medicine (FMTS, Rheumatology, Cardiology)	9 months
Surgery (General Surgery, ENT, Urology, Surgery elective, Ortho)	5 months
Critical Care	1 month
OMM	1 ½ months
Community Medicine	1 month
Geriatrics	1 month
Sports Medicine	1 month
Electives	6 months

Elective Rotations

The DME and the GME Committee permit elective rotations and special courses or training outside of residency affiliated facilities under limited circumstances, and only with prior approval from the program director and DME. Outside rotations can only be done during your elective months and then, only if certain conditions are met. Requests for out rotations should first be discussed with the program director who will provide further direction if the request is approved.

Weekly Didactic Program (Academic Afternoon)

Academic afternoons are scheduled on Friday afternoons (12:00 pm – 5:00 pm) beginning with lunch, followed by didactic content. These academic sessions will include but are not limited to Journal Club, Book Club, guest lectures, Q&A sessions, pertinent academic discussions as well as osteopathic manipulative medicine review sessions, behavioral health and practice management seminars.

Journal Club is a regular component of academic afternoon. Twice yearly, each resident is required to present a formal power point program that includes the following: case study, clinical question, and a journal article critical appraisal to answer the clinical question. This formal presentation is to be in Power Point format. Journal Club presentations will be formally assessed by peers and faculty physicians in attendance. The purposes of this academic element are to 1) develop an ability to recognize, develop and answer a clinical question, 2) develop your ability to critically appraise clinical studies, and 3) develop your professional presentation skills.

Active participation in the implementation of the **Book Club** is an important part of the residents' educational experience. Each resident will be scheduled to coordinate, in cooperation with an assigned attending physician, an educational experience related to assigned topics. The program coordinated by the resident should supplement the assigned reading, and may include, but is not limited to guest speakers, presentation of journal articles, procedural skill review, or case presentation. An attending physician will coordinate a question/answer session to ensure that the assigned reading is covered. An academic afternoon schedule will be provided in advance to allow time for preparation. This schedule will also indicate which lectures are broadcast to other locations. Broadcasted lectures must be in PowerPoint format.

The purpose of these didactic sessions is to expand the resident's knowledge base of clinical medicine and prepare the resident for yearly in-service exams and the Family Medicine certification exam. Participation in the academic program also develops professionalism, communication skills and practice management skills. These sessions allow a forum for the resident to question and discuss the required reading material, critique and review current journal articles and give time for other academic endeavors.

Grand Rounds

Grand Rounds are held every Wednesday at noon at OSU Medical Center and residents are required to attend 50% of sessions annually. The Office of Medical Education at OSU MC supplies schedules of planned topics.

Department Meetings

The Department of Family Medicine at OSU MC holds semi-monthly departmental meetings and residents are required to attend. These meetings involve discussion of hospital business matters, quality reports, and practice management topics. Usually the business meeting is followed by dinner and a clinically relevant lecture.

In-Service Resident Exam

On an annual basis, as required by the American College of Osteopathic Family Physicians (ACOFP), each Resident will take an in-service exam to evaluate his/her clinical and academic knowledge base. Once the Program Director receives these results, each resident will be notified of his/her exam scores and any specific areas of deficiency are addressed. Specific recommendations to improve deficiencies may include required readings or a review course as deemed appropriate by the Program Director.

Research and Scholarly Activity

Participation by the resident in research activity is required. The completed project must be submitted to and approved by the Program Director prior to completion of the residency. This is required by the ACOFP before a residency certificate can be issued. This research requirement may be accomplished by participation in any of the following:

a) Resident research projects within the department of family medicine.
b) Institutional research programs in which the department of family medicine is actively involved.
c) Area-wide or multi-centered research projects involving the teaching institution and its department of family medicine.
d) Original paper on health care related topic.
e) Presentation at a state, regional, or national CME meeting.
f) Authoring a grant.

The OMECO coordinator can assist with research development. There are a number of

ongoing research projects that are appropriate for resident participation. Contact the OMECO or the Program Director to discuss research opportunities. **Completed research projects are due by April 1 of OGME III year.**

ACOFP Research Seminar

ACOFP requires each resident to attend one national ACOFP scientific seminar during the second or third year. It is easiest to fulfill this requirement by registering for and attending the convention associated with your board examination.

Teaching and Evaluation of Medical Students

Medical students rotate through the OSU Family Medicine clinics as part of their required family medicine curriculum. PGYII and PGYIII residents are assigned a lecture that they will present to the medical students each month. These lectures are usually scheduled at 1 p.m. in the South Conference Room at the Health Care Center. A monthly student lecture schedule is distributed via email from the student rotation coordinator.

Residents are also provided opportunities to help evaluate medical student performance at the HCC. This will be conducted through direct observation of students in the clinic.

Academic Meeting Attendance

Attendance is required for all academic lectures as well as monthly Family Medicine meetings and Specialty Lectures. The only excused absences from these meetings are personal illness, vacation, or on-call responsibilities. All absences must be approved by the Program Director in advance. If unforeseen circumstances cause a resident to miss a required event, the resident must notify the program director (Dr Cotton). If the absence is deemed excusable by the Program Director, the appropriate leave policy will apply. If the absence is deemed inexcusable, the appropriate leave policy will apply and disciplinary action will follow. See [POLICY FOR PROBATION, CORRECTIVE ACTION AND, ACADEMIC AND DISCIPLINARY ACITON]

Supervision

OGME is designed to offer structured and supervised exposure to a balanced mix of learning and service appropriate to each resident's levels of documented competence.

1. Supervision is provided on a graduated basis as the resident progresses through the training program based on evaluation of individual knowledge and skill as well as institutional, program and specialty college requirements.

2. The supervising physician is responsible for determining the activities the resident is allowed to perform within the context of the assigned levels of responsibility, and for being available to the resident.

3. The resident is responsible for seeking consultation when it is clinically indicated, based on the resident's level of training and institutional policy.

4. The Family Medicine Residency will provide supervision and patient care in accordance with national and state guidelines and policies, as well as basic standards of required skill at various training levels.

5. Residents will have reliable access to supervision and evaluation throughout their training period.

6. Residents will participate in the supervision of other residents at lower levels of OGME within the residency.

7. During on-call hours, OGME 1 residents will have in-house direct supervision by an OGME 2 or 3 resident for at least their first 6 nights of call. They will continue to have OGME 2 or 3 back up by phone for the remainder of their OGME 1 year. At all times, residents have access to the on-call attending physician for assistance and supervision.

8. Resident-provided patient care must be documented in the medical record and will be reviewed and evaluated by the supervising attending physician.

Evaluation Requirements

Evaluation of Resident Competency

There will be an on-going evaluation of each resident to assess performance and progress in the residency program. This shall consist of monthly evaluations by

preceptors as well as bi-annual and yearly competency evaluations by the Program Director. The results of the annual in-service exam will be included in the Program Director evaluation once yearly. The Program Director bi-annual resident evaluation will be performed in consultation with other faculty physicians in the Department of Family Medicine.

Residents will advance upon satisfactorily completing residency requirements. A copy of these resident evaluations will be maintained within the resident's permanent record, which is kept in the Program Director's office. The program director will also conduct a final evaluation of the resident at the completion of the program to verify that the resident has demonstrated sufficient, professional ability to practice competently and independently. If any evaluations or resident rotations are considered unsatisfactory, procedures for academic review will follow. See [POLICY FOR PROBATION, CORRECTIVE ACTION AND, ACADEMIC AND DISCIPLINARY ACTION]

Resident Evaluation and Documentation of Training

Monthly requirements:

These items are due by the close of business on the 5th day of the month following completion of the rotation:

1. Evaluation of rotation
2. Rotation summary
3. Evaluation of preceptor
4. Procedure log
5. Duty hour log
6. Evaluation of the resident (by the preceptor) – due by the last day of the month following completion of the rotation.
7. The consequences of completing this paperwork after the deadline is the assignment of an extra work shift on the FMTS (night call or weekend coverage) scheduled by the Chief Resident at the direction of the Program Director.
8. Repeated failure to submit evaluations and required paperwork can result in official disciplinary action. See [POLICY FOR PROBATION, CORRECTIVE ACTION AND, ACADEMIC AND DISCIPLINARY ACTION]

Documentation of Procedures

Certain appropriate procedures are important in the provision of comprehensive health care by the family physician. Appropriate documentation of the procedures the resident performs is necessary to demonstrate competence. This is the responsibility of each individual resident and will become even more important when applying for hospital privileges or negotiating insurance contracts**. All procedures are to be logged into New Innovations under**

"procedure logger". Only if you find that a certain procedure is not listed under the procedure logger in New Innovations, you will be able to use a paper form to record the procedure. If you performed no procedures during a month, document "none" for that month on New Innovations. The paper forms to log procedures are located in the south conference room.

Mandatory Procedural Competence

According to the ACOFP, competency in the following procedures must be demonstrated:

Required Procedures

a. Incision and Drainage of Abscesses
b. Biopsy of Skin
c. Excision of Subcutaneous Lesions
d. Cryosurgery of Skin
e. Curettage of Skin Lesion
f. Laceration Repair
g. Injection of Shoulder Joint
h. Injection/aspiration of Knee Joint
i. Injection of Sacroiliac Joint
j. Endometrial Biopsy
k. Office microscopy
l. Casting
m. EKG Interpretation
n. Office Spirometry
o. Toenail Removal
p. Defibrillation
q. Removal of Cerumen from Ear Canal
r. Insertion of Urethral Catheter
s. Endotracheal Intubation

Optional procedures

The program must offer residents exposure to the following procedures:

1. Vasectomy
2. Central line placement
3. Vaginal delivery
4. Episiotomy repair
5. Flexible sigmoidoscopy
6. Colonoscopy
7. Lumbar puncture
8. IUD insertion
9. Breast cyst aspiration
10. Epistaxis management (nasal packing/anterior cautery)
11. Trigger point injections
12. Allergy testing

13. Neonatal circumcision
14. Colposcopy with biopsy

360 Evaluation

This is an electronic evaluation completed once yearly. Each resident is evaluated by himself or herself, peers, attending physicians and nurses.

Competency Based Evaluation

This is a paper booklet given to each resident at the beginning of the training period. It documents competency in a wide range of topics, skills, and procedures by having preceptors sign off and date on a checklist of competencies. ACOFP requires that this be completed before a residency certificate can be issued.

Program Director evaluation

At least twice yearly, each resident will have a formative evaluation with the program director. At the end of each training year, the Program Director will complete a resident summary to document if the resident has achieved the level of competency necessary to advance to the next year of training. For graduating seniors, once all requirements are met, a final resident report will be prepared to document "Residency Complete" status and a Residency Certificate will be issued.

File Retention

Copies of all residency related documents and evaluations are kept in a file for each resident in the residency office. This documentation is kept for the purposes of documenting residency training and program inspections. It is recommended that residents keep copies of their own residency related documents for their own purposes, such as moonlighting, job applications and insurance credentialing. Residents do have access to their own file, but these files cannot be removed from the residency office is not permitted.

During the residency-training period, the following items are must be maintained in your file in the Program Director's Office:

Employment Physical
PPD – annual - current
Immunization Records – complete/current
Oklahoma State Medical License – OGME 2 and 3, current
Federal Narcotics License (DEA)– OGME 2 and 3, current
State Narcotics License (OBNDD) – OGME 2 and 3, current
Proof of AOA Membership – annual - current
Proof of ACOFP Membership – annual - current
Basic and Advanced Life Support Certification – current
Pediatric Advanced Life Support Certification- current
Neonatal Resuscitation Certification - current
In-Service Examination Scores - annual
COMLEX Part 2 & 3 Scores

Financial Arrangements

Residents in the OSU Family Medicine Residency are employed by OSU Medical Center and Human Resources policies of OSU MC apply the those residents.

Salaries

OGME I	$44,411
OGME II	$45,923
OGME III	$47,557

Leave Policy

Per the AOA, residents have a maximum of twenty (20) business days (Monday through Friday) of vacation, professional, sick or other leave granted by the program director, unless such leave is designated by federal, state or union regulations. In such cases, federal, state and/or union regulations shall supersede these policies. **Three** weeks shall consist of a total of 15 week days (Monday through Friday.) Vacation leave time must be approved at least 4 weeks in advance. **One** week will include 5 days at Christmas or Thanksgiving and is scheduled by the residency. If leave time is not utilized during the contract period, it will be lost; no compensation will be provided.

No more than 20 business days of leave per year may be granted for any purpose without extending the residency. Residents must complete 156 weeks of training for

graduation.

Time off Military Reserves duty may not exceed one weekend per month. If it is necessary that the two-week required summer camp be served during residency, a leave of absence for that time may be granted on presentation of orders. This leave of absence, however, must be made up at the termination of the contract year.

Insurance, Licensing, Memberships and Educational Fees

- Professional Liability Insurance – malpractice insurance is provided for residents and covers activity related to the training program.
- Health Insurance – health, dental and disability and life insurance are provided for the resident. Life and health coverage is also available for dependents. These benefits are coordinated through the hospital DME and Human Resources offices.
- Board Certification Exam Fees
- In-Service Exam Fees
- Registration for College-sponsored and state-sponsored continuing education programs.
- Meals while you are on service are provided at OSU Medical Center.
- Memberships in the AOA and ACOFP are required throughout the residency. Membership fees are the responsibility of the resident.
- Membership in the OOA, TOMS and Oklahoma Chapter of ACOFP are encouraged. Membership in the AAFP is optional.
- Education monies from the Family Medicine residency are $350 for OGME 1, and $750 for OGMEE II and OGME III years. This stipend will be given as a one-time lump sum to each resident. This stipend is provided for textbooks, CME, medically relevant software, medically relevant electronics and equipment.

General Clinic/Hospital Rules and Regulations

Dress Code

The dress code is as follows: Lab coats with your name imprinted, are provided by the residency and should be worn at all duty times unless you are on duty in the O.R. or Labor and Delivery where clean scrub suits are provided. Residents must wear official photo identification at all times. Each facility issues a different photo ID. Display the photo ID issued by the facility in which you are currently working.

Appropriate professional clothing should be worn under the lab coat. Jeans, shorts and athletic wear are not appropriate professional clothing. Per OSHA regulations, close-toed shoes must be worn at all times in clinical care areas.

In certain circumstances, scrubs are required and/or appropriate: the operating suite in

surgery, the operating suite in the Cardiac Cath Lab, and Labor and Delivery Suite in Obstetrics. Scrubs may also be worn on the following services: night call, nursery, emergency room, and ICU. Scrubs, when worn outside of a sterile area, must be covered by lab coats. At no time are uncovered scrubs appropriate for floor wear. Scrubs are not appropriate attire for services providing routine inpatient or ambulatory care and are not to be taken from the hospital**.** Violation of this rule will result in a minimum of withholding the full replacement cost of the scrubs from your stipend, and may result in being placed on disciplinary probation.

This dress code should be followed at all resident rotation sites unless otherwise directed by the appropriate supervising physician at the site.

Scrubs are not appropriate professional clothing in the continuity clinic. Residents dressed inappropriately may be sent home to change into appropriate professional attire. Time missed while going to change clothes will be made up as scheduled by the supervising attending in coordination with the program director.

Continuity Care Clinic

What is expected?

- Residents should arrive for clinic duty at 8:00 a.m. for morning shifts and 1:00 pm for afternoon shifts.
- Tardiness delays patient care and will result in disciplinary action as determined by the Program Director.
- Residents should ask to be dismissed by their supervising faculty member prior to leaving for the day.
- Residents should assist other residents in completing daily tasks before being dismissed for the day.
- Patient phone calls should be returned at the beginning and end of each half day.
- If unforeseen circumstances result in the resident being late or absent from continuity clinic for any reason, the program director should be notified **BY PHONE** immediately. When possible, please notify the front office manager as well (Cindy Earnest.)

Medical Records

An important part of the resident's education is learning to properly document patient care and the course of treatment in the medical record. This is important for many reasons, including accurate retrieval of patient information, more thorough documentation of the physician/patient encounter and to fulfill the requirements for proper coding and billing. With this in mind, it is required for the resident to completely document patient encounters. Patient encounters include not only clinic visits, but also phone conversations with patients, patient family members, and consulting physicians. Decision-making resulting from interpretation of lab and diagnostic studies must also be

documented in the health record.

What is expected?

- Charts or other HIPAA protected personal health information will not be removed from clinic or hospital facilities.
- **Patient encounters will be documented and reviewed with the attending physician on the same day as the encounter**.
- Residents will complete items in their "Task Box" in the EHR at least twice weekly to ensure all patient communication is addressed, and all health information is reviewed.
- Residents should review the results of diagnostic studies they order in a timely manner.
- HIPAA regulations shall be followed at all times.

Hospital Dictation

The resident who admits a patient to the hospital is the resident responsible for dictating the History and Physical within 24 hours. Likewise, the resident who discharges a patient from the hospital is responsible for dictating the discharge summary within 24 hours of the discharge.

See documentary policies under [POLICY FOR PROBATION, CORRECTIVE ACTION AND, ACADEMIC AND DISCIPLINARY ACTION]

Scheduling

Resident rotations and clinic schedules will be provided to the resident. The chief residents create the schedule with approval from the Program Director. Any changes in scheduling must be approved by the Program Director. Please email the Program Director (Dr. Cotton) with schedule change requests so that if the change is approved, the appropriate parties can be immediately notified of the change via copying of the email.

Computer Use Policy

Computers are provided in the Health Care Center for use of the EHR and for access to online resources related to patient care. The OSU-CHS library web page has links to a variety of valuable resources and may be found at http://centernet.okstate.edu/index.cfm. **Clinic and hospital computers should be used for patient care and work related activities only. Clinic and hospital computer use for**

non-approved purposes will not be tolerated.

Pagers

Residents are provided a pager by the residency. A directory of resident and attending pager numbers is also provided during orientation at the hospital.

Pagers are critical communication devices in our health care system. It is expected that residents will return their pages promptly.

Email

OSU email will serve as the primary source of communication regarding departmental meetings, schedules and other official information. During orientation, you will be assigned a university email address. Your email address will serve as your O-Key account name and is used to login to all university computers.

Life Support Certifications

All residents are required to maintain current BLS, ACLS, and PALS certifications. These courses are scheduled through OSUMC at no cost to the resident. It is the responsibility of the resident to maintain these certifications. An Advanced Life Support for Obstetrics (ALSO) course is offered yearly to first year residents.

On Call Policy

Twenty-four hour in-house call is required for each resident. A call room is provided at the hospital. The monthly call schedule for the hospital is prepared by the chief residents and is approved by the Program Director. The call schedule will be emailed to you and is also available on the New Innovations program.

- Residents may not exchange call with other residents without written permission from the chief resident and the program director.
  - Requests must be received at least 48 hours in advance.
  - Both residents involved in the exchange must sign the "Call Exchange Form".
  - The exchange must be equal.
  - The CALL EXCHANGE FORM must be submitted to the chief resident first and then the Program Director for final approval and will be kept in the residents file in the residency office.
- While on call, the resident is required to stay in-house.

Residents may not give or receive money in exchange for taking call. This

activity will result in disciplinary action and may be grounds for immediate termination. See [POLICY FOR PROBATION, CORRECTIVE ACTION AND, ACADEMIC AND DISCIPLINARY ACTION]

Duty Hour Policy

Since scheduling, duty hours, and physical stamina impact resident education and the quality of care delivered to patients by residents in training, the following standards are established to be compatible with a quality educational experience. The following policy is applied in creating the resident call schedules. Each resident should review their own rotation and call schedules each month to ensure compliance. Present potential duty hour compliance issues to the Program Director as soon as the issue is recognized.

This Duty Hour Police statement is comes directly from the AOA Basic Document for Postdoctoral Training:

Trainee Duty Hours Policy

Situations in which trainees work an excessive numbers of hours can lead to errors in judgment and clinical decision-making, and negatively impact the physical and mental well being of trainees. These errors can impact on patient safety, as well as the safety of the physician trainees through increased motor vehicle accidents, stress, depression and illness.

7.1 The base institution, DME, and program directors must make every attempt to avoid scheduling excessive work hours leading to sleep deprivation, fatigue or inability to conduct personal activities. a. The institutional policy must be reported in the house staff manual and available for review at all program site reviews.

b. Evidence of review of resident duty hours by the medical education committee (MEC) must occur quarterly.

7.2 The trainee shall not be assigned to work physically on duty in excess of 80 hours per week averaged over a 4-week period, inclusive of in-house night call and any allowed moonlighting. No exceptions to this policy shall be permitted.

7.3 The trainee shall not work in excess of 24 consecutive hours. a. Allowances for already initiated clinical care, transfer of care, educational debriefing

and formal didactic activities may occur, but shall not exceed 4 additional hours and must be reported by the resident in writing with rationale to the DME/program director and reviewed by the MEC for monitoring individual residents and program. These allowances are not permitted for OGME-1 trainees.

b. Residents shall not assume responsibility for a new patient or any new clinical activity after working 24 hours.

7.4 The trainee shall have 48-hour periods off on alternate weeks, or at least one 24-hour period off each week and shall have no call responsibility during that time.

7.5 Upon conclusion of a 20-24 hour duty shift, trainees shall have a minimum of 12 hours off before being required to be on duty or on call again. a. Upon completing a duty period of at least 12 but less than 20 hours, a minimum period of 10 hours off must be provided.

7.6 All off-duty time must be totally free from clinical, on call and educational activity.

7.7 Rotations in which a trainee is assigned to Emergency Department duty shall ensure that trainees work no longer than 12 hour shifts with no more than 2 additional hours for transfer of care and any educational activities and must be reported by the resident in writing to the DME/program director and reviewed by the MEC for monitoring individual residents and program.

7.8 In cases where a trainee is engaged in patient responsibility which cannot be interrupted at the duty hour limits, additional coverage shall be assigned as soon as possible by the attending staff to relieve the resident involved. Patient care responsibility is not precluded by the duty hour policy.

7.9 The trainee shall not be assigned to in-hospital call more often than every third night averaged over any consecutive four-week period. Home call is not subject to this policy, however it must satisfy the requirement for time off. Any time spent returning to the hospital must be included in the 80-hour maximum limit.

7.10 At the trainee's request, the training institution must provide comfortable sleep facilities to trainees who are too fatigued at shift conclusion to safely drive.

Moonlighting Policy

Moonlighting is a privilege granted by the Program Director. Residency training program responsibilities are the resident's first priority and take precedent over

moonlighting requests. A moonlighting request form must be completed for each facility before the resident works any shifts. All moonlighting schedules must be given to and approved by the Program Director prior to starting moonlighting. If a resident is found to be moonlighting without approval by the Program Director or if in the judgment of the Program Director, moonlighting activities are interfering with the resident's education, this privilege will be revoked.

Per the AOA Basic Document for Postdoctoral Training all moonlighting will be inclusive of the 80-hour per week maximum work limit and all AOA resident workload guidelines. All moonlighting hours must be reported on your time sheet. The Program Director can contact the moonlighting facilities to verify a resident's moonlighting hours. If a moonlighting facility refuses to submit a requested call schedule, no resident will be allowed to moonlight at that facility. Moonlighting activity not approved, not reported, or out of compliance with the AOA workload guidelines are grounds for disciplinary action.

Moonlighting malpractice insurance is not covered by the Residency's liability policy and the resident must provide his or her own moonlighting insurance.

OGME 1 residents are strictly prohibited from employment outside of the Family Medicine program, with the exception of military reserve duty.

Patient Care and Safety Information

Patient care and safety are of the utmost importance. Each person involved in the patient care process has a duty to contribute to a culture of quality patient care and patient safety. If a staff person, resident or faculty physician has a concern regarding patient care and safety they are to immediately report their concern to their supervisor, program director or department chair.

Resident Fatigue and Stress Policy

Symptoms of fatigue and /or stress are normal and expected to occur periodically with the resident population, just as it would in other professional settings. It is expected that residents will on occasion experience some effects of inadequate sleep and/or stress. The purpose of recognizing and appropriately responding to excess resident fatigue and stress is improved patient care safety and improved wellbeing of the resident trainee.

Recognition of Resident Excess Fatigue and/or Stress
Signs and symptoms of resident fatigue and/or stress may include but are not limited to: inattentiveness to details, forgetfulness, emotional lability, mood swings, increased conflicts with others, lack of attention to proper attire or hygiene, difficulty with novel tasks and multitasking, impaired situational awareness.

Response

The demonstration of resident excess fatigue and/or stress may occur in patient care settings or in non-patient care settings such as lectures and conferences. In patient care settings, patient safety, as well as the personal safety and well being of the resident mandates implementation of an immediate and proper response. In non-patient care settings, responses may vary depending on the severity and demeanor of the resident's appearance and perceived condition. The following is intended as a general guideline for those recognizing or observing excessive resident fatigue and/or stress in either setting.

Patient Care Settings

Supervising Physician:

- The recognition that a resident is demonstrating evidence of excess fatigue or stress requires the attending or supervising resident to consider immediate release of the resident from any further patient care responsibilities at the time of recognition.
- The supervising physician should privately discuss his/her opinion with the individual, attempt to identify the reason for excess fatigue and estimate the amount of rest that will be required to alleviate the situation.
- The supervising physician must immediately attempt, in all circumstances and without exception, to notify the Program Director of the decision to release the resident from further patient care responsibilities.
- If excess fatigue is the issue, the supervising physician must advise the individual to rest for a period that is adequate to relieve the fatigue before operating a motorized vehicle. This may mean that the resident should first go to the on-call room for a sleep interval no less than 30 minutes. The individual may also be advised to consider calling someone to provide transportation home.
- If stress is the issue, the attending should counsel the individual in private. If, in the opinion of the attending, the individual's stress level has the potential to negatively affect patient safely, the attending must immediately release the resident from further patient care responsibilities, and notify the Program Director that the resident has been released from patient care activity.
- A resident released from patient care responsibilities because of excess fatigue and/or stress cannot appeal the decision and cannot resume patient care duties without permission of the program director.

Allied Health Care Professional:

Allied health care professionals in patient service areas will be instructed to report observations of apparent resident excess fatigue and/or stress to the observer's immediate supervisor who will then report the observation to the Program Director.

Residents

- Residents who perceive that they are experiencing excess fatigue and/or stress have the professional responsibility to immediately notify the attending clinician, the chief resident, and/or the program director without fear of reprisal.
- Residents recognizing excess fatigue and/or stress in fellow residents should report their observations and concerns immediately to the attending physician, the chief resident, and/or the program director.

Program Director

- Following removal of a resident from duty, the program director, in association with the chief residents (if appropriate) will determine the need for an immediate adjustment in duty assignments for remaining residents in the program.
- The program director will review the resident's call schedules, work hour time reports, extent of patient care responsibilities, any known personal problems and stresses contributing to a particular resident's level of fatigue and/or stress.
- The program director will notify the department chair or program director of the rotation in question to discuss methods to reduce resident fatigue.
- In matters of resident stress, the program director will meet with the resident personally. If counseling by the program director is insufficient, the program director will refer the resident to the Employee Assistance Program (EAP) by direct contact with the Director of Medical Education.
- If the problem is recurrent or not resolved in a timely manner, the program director will have the authority to release the resident indefinitely from patient care duties pending evaluation from an individual designated by the EAP. (This will represent academic probation or dismissal and will follow policy as outlined in the Academic standards.
- The program director will release the resident to resume patient car duties only after advisement from the EAP and will be responsible for informing the resident as well as the attending physician of the individual's current rotation.
- If the EAP feels the resident should undergo continued counseling, the program director will be notified and should receive periodic updates from the EAP representative.
- Extended periods of release from duty assignments that exceed requirements for completion of training must be made up to meet AOA training guidelines.

Employee Assistance Program

The Employee Assistance Program provides confidential counseling, consultation, evaluation and information to OSU employees and family members including residents.

The EAP will provide up to three appointments at no cost. The EAP can be accessed through the Human Resources office.

Non-Patient Care Settings

If residents show signs of stress and/or fatigue in non-patient care settings, the program director will follow the same procedure outlined above for the patient care setting.

Resident Non-Cognitive Academic Standards/Code of Conduct

Residents are expected to conduct themselves in a manner consistent with the standards of the osteopathic medical profession. Successful completion of the residency training program entails not only academic standards but also ethical, professional, behavioral and personal characteristics necessary for the practice of osteopathic medicine.

The criteria below describe the characteristics expected of a resident. Each criterion is followed by descriptions of conduct. The descriptions are illustrations of the type of conduct expected of residents. It is not an exhaustive list because it is not possible to list all forms of conduct. Conduct inconsistent with the criteria listed below indicates a lack of appropriate professionalism. Residents demonstrating unprofessional behavior will be subject to disciplinary action as described in the disciplinary action policy.

Criteria

1) Reliability and Responsibility. Can be depended on to do his or her duty. Accepts responsibility for assignments. Arrives on time for clinic, rounds, etc. Completes assigned tasks in a timely manner.
2) Maturity. Examples: Accepts responsibility for mistakes. Does not make inappropriate demands. Engages in realistic self-appraisal. Takes steps to correct shortcomings. Accepts and responds appropriately to supervision.
3) Judgment: Examples: Consistently shows appropriate reasoning and decision-making in academic and clinical situations. Does not place others or self at needless or excessive risk for negative consequences. Does not participate in academic or clinical endeavors while under the influence of alcohol, controlled substances, or illicit drugs. In clinical settings, performs consistent wit his or her level of training under the supervision of the supervising physician. Gets approval of the supervising physician before implementing diagnostic and therapeutic decisions. Does not exceed level of training in clinical activity.
4) Respectful Behavior: Responds to needs of others. Is considerate of others. Speaks and behaves respectfully. Maintains appropriate confidentiality. Does not threaten, harass, or abuse others. Addresses patients appropriately.

5) Honesty and Integrity: Adheres to professional and ethical standards. Is honest. Acknowledges and corrects own errors. Speaks truthfully. Does not cheat on academic assignments, exams or performance evaluations.
6) Emotional Stability: Shows appropriate emotional responses warranted by the situation. Does not allow excessive or inappropriate emotional responses or personal beliefs to adversely affect decision-making or performance.
7) Ethics: Demonstrates accountability and responsibility, being kind, open-minded, impartial, truthful, honest, compassionate and considerate. Treats others reasonably and fairly. Possesses the ability to serve one's interest while respecting the rights and needs of others. Learns from mistakes and accepts corrective criticism.
8) Professionalism: Shows respect for patients and families, co-workers, clinic and hospital personnel. Works respectfully and effectively with others as a member of the healthcare team. Maintains patient confidentiality. Behaves with integrity and acts responsibly. Is available when needed and carries a fair share of the workload. Communicates well in discussions with health professionals. Understands the resident's role as a health care team member.

Policy for Probation, Corrective Action and Academic and Disciplinary Dismissals

The Residency Program has clearly defined procedures for academic and disciplinary action. Academic dismissals may result from failure to attain a proper level of scholarship or non-cognitive skills, including abilities, interpersonal relations, and/or personal and professional characteristics.

Oversight: Graduate Medical Education Committee

The Graduate Medical Education Committee is a standing committee of the medical staff, appointed by the Chief of Staff of OSU MC. It serves as a policy making, advisory and disciplinary committee to the DME and to the professional staff regarding the intern-training program and each of the residency training programs. The committee meets on a regularly scheduled basis (usually monthly).

1. General Conduct

Residents shall strive for excellence in all aspects of patient care delivery and teaching. This implies professional demeanor and conduct both in direct patient care and in communication with family members, other health care staff members, students, and support staff members.

Residents shall not provide patient care under circumstances of possible physical, mental, or emotional lack of fitness that could interfere with the quality of that care. It is the

responsibility of residents, upon identifying a situation in which himself or herself or another resident is impaired to the potential detriment of patient care, to notify the supervising physician to arrange for alternative patient care coverage.

2. Definitions

A. Academic issues are those that result from a failure to attain a proper level of scholarship or non-cognitive skills, including clinical abilities, interpersonal relations, and/or personal and professional characteristics, and any other actions listed in Appendix A.

B. Disciplinary issues are those that result from cheating, plagiarism, falsifying records, stealing, alcohol and/or substance abuse, or any other inappropriate actions or activities listed in Appendix A. The procedure for substance abuse is delineated in the Substance Abuse Policy.

C. Probation is a condition in which the Program Director notifies a resident in writing of academic deficiencies or disciplinary issues that must be corrected in a stated period of time. Failure to make such corrections may result in termination from the program or a continuation of the probationary period. Salary and benefits remain in full force during the probationary period.

D. Suspension is a corrective action that removes the resident from program duties. The resident may not receive credit for the training time for the time of suspension. A continuing uncorrected suspension shall lead to termination.

E. Dismissal means the termination from employment and participation in the residency training program effective upon the stated date even though the resident holds a current resident contract. Salary and benefits are terminated. Benefits may be continued during an appeal period, but not to exceed 40 days.

3. Probation/Dismissal Procedure

When academic deficiencies are identified, the Program Director will inform the resident orally and in writing of the specific deficiencies. The trainee will be provided a specified period of time in which to implement specified actions required to resolve the academic deficiencies. This period of time to resolve the deficiencies may be waived and the trainee may be placed on immediate probation if the deficiencies are felt by the Program Director to be detrimental to patient care. Following this period, if academic deficiencies persist, the trainee will be placed on probation for an initial period of not less than three months and no longer than six months. The Program Director must notify the resident

and the Graduate Medical Education (GME) Office in writing of these activities. Copies of the correspondence shall be placed in the resident's department file and the GME Office file. At the end of the probationary period, the Program Director shall meet again with the resident to review his or her performance. Depending upon the resident's performance, he/she may be:

- Removed from probation
- Given an additional period of probation
- Dismissed from the program

The trainee will be provided an opportunity to meet with evaluators to appeal a decision regarding probation. A statement regarding the action shall be maintained in the resident's department file and the Postdoctoral Office file. Probation periods shall not be renewable more than twice. No resident shall be afforded a new contract while on probation.

The Program Director shall provide a letter to the resident detailing the reasons for dismissal and the dismissal date. Copies of the correspondence shall be placed in the resident's department file and the Postdoctoral Office file.

When a trainee is dismissed from the program he/she has the right to an exclusive one time appeal of the decision to the DME who will then appoint an Ad Hoc Appeal Committee composed from selected members from the GME Committee and the DME. The appeal will be heard by the Ad Hoc Appeal Committee and the trainee and the Program Director will be given the opportunity to appear before the Committee. Following the appeal, the trainee will be notified in writing of the decision by the Ad Hoc Committee. If the Program Director's decision is upheld, the trainee will be dismissed from the program. Legal counsel at hearings concerning academic issues will not be allowed. If the appeal is found in favor of the trainee, he/she will be re-instated and the Program Director will have the authority to:

- Re-instate probation, or
- Remove probation

4. Suspension Procedure

The Program Director may initiate suspension when the Program Director believes that removal of the resident from duty is in the best interest of OSUMC or the affiliate site and/ or its patients. A resident suspended for academic issues pending investigation cannot be on duty but will continue to be paid until the investigation is concluded. Suspensions pending investigation will be limited to two weeks. Depending upon the findings of the investigation, the resident may be:

- Restored to full duty with or without probation
- Terminated

The Program Director shall provide the resident with a letter detailing the reasons for suspension, its length and the remedy necessary to remove the suspension or the consequences for not doing so. Copies of the correspondence shall be placed in the resident's department file and the GME Office file.

Suspension shall be removed when the initiating reason for suspension has been corrected to the satisfaction of the Program Director.

No resident shall be afforded a new contract while on suspension.

5. Disciplinary Actions

Initiation of disciplinary action shall be the province of the Departmental Program Director. The Program Director's action will depend upon the severity of the infraction, prior warnings and efforts on behalf of the resident to correct his or her behavior.

In cases of disciplinary infractions that are judged irremediable, the Program Director will provide the trainee with adequate notice, in writing, of specific ground(s) and the nature of the evidence on which the disciplinary action is based. The trainee will be given an opportunity for a hearing in which the GME Committee will provide a fair opportunity for the trainee's position, explanations and evidence. No disciplinary action will be taken on grounds that are not supported by substantial evidence. Trainees are allowed representation by counsel at hearings concerning disciplinary issues. Pending proceedings on such disciplinary action, the GME Committee in its sole discretion may suspend or dismiss the trainee, when it is believed that such suspension or dismissal is in the best interest of the OSUMC or affiliate site or of patient care. Suspension for disciplinary actions will be without pay.

APPENDIX A

ADDITIONAL ACTIONS OR ACTIVITIES WARRANTING ACADEMIC OR DISCIPLINARY ACTION

Examples of resident actions that may be grounds for discipline include, but are not limited to:

- Behavior that threatens the well being of patients, medical staff, employees or the general public.

- Substantial or repetitive conduct that is considered by the resident's supervisor to be professionally or ethically unacceptable or which is disruptive to the normal and orderly function of the institution to which the resident is assigned.

- Failure to conform to the principles outlined in the American Osteopathic Association ("AOA") Residency Basic Standards Document or to the policies and procedures of the assigned affiliate site.

- Failure to comply with federal, state and local laws (directly or indirectly related to the medical profession). Convictions for offenses other than minor traffic violations.

- Fraud by commission or omission in application for residency position or in completing of any patient care related documents while an employee of Oklahoma State University Medical Center

- Suspension, revocation or any other inactivation, voluntary or involuntary, of medical licensure by the State of Oklahoma.

- Absence from duty assignment without appropriate departmental consent.

- Failure to perform the normal and customary duties of a resident as defined in the AOA Resident Basic Standards document.

- Sexual harassment or abuse of patients, other house staff, hospital/University staff, students or other individuals in the hospital environment.

Documentary probation and Suspension

A member of the house staff (resident or fellow) will automatically be placed in this status for the following reasons:

a) Failure to complete and submit to the residency office all monthly paperwork within **two weeks after the required deadline.**

b) Maintaining five or more delinquent medical records (30-days or more delinquent).

The following procedures will be followed in the case of documentary probation:

- The office of medical education (with appropriate input from the clinical department as applicable) will inform the trainee, orally (by program director or DME) and in writing, of the reason for documentary probation and the appropriate action required to be removed from probationary status. Probation will be limited to fourteen (14) days.

- Following this period, if documentation deficiencies persist, the trainee will be placed on unpaid suspension (relieved of duties) and will be required to appear before the Graduate Medical Education Committee at its next regularly scheduled or special meeting for appropriate action. Repeated incidences of documentary probation for the same cause could, at the discretion of the Graduate Medical Education Committee, be grounds for termination of the trainee/hospital contract.

- The status of documentary probation will be removed upon completion of the delinquent documents to the satisfaction of the Director of Medical Education and/or the Medical Records Department.

Substance Abuse

While on duty, a resident/fellow may be required by the Director of Medical Education or his designee to submit to laboratory tests and/or physical examination if there is

reasonable suspicion that the intern is under the influence of a behavior modifying substance (including but not limited to alcohol, depressants, stimulants, narcotics and hallucinogens, whether legally or illegally obtained) (See Addendum I). While such examination and tests are in progress, the resident/fellow shall cease all patient contact or management. In the event tests, physical examination or observations indicate to the examiner modifying substance, the resident will be placed on immediate suspension of all duties and privileges, pending investigation and recommendation of the Director of Medical Education and the Graduate Medical Education Committee.

Refusal of any resident/fellow to submit to such physical examination and/or laboratory test when requested shall be cause for immediate suspension of all duties and privileges pending investigation and recommendation of the Director of Medical Education and the Graduate Medical Education Committee.

Leave of Absence

Make up of leave of absence as discussed above shall be on a day for day basis and done immediately after the end of the contract year. While making up a leave of absence, the hospital will continue to provide meals while on-call, uniform laundry and life, health & liability insurance. The stipend amount, if any, will be negotiated.

COLLEGE OF
Osteopathic Medicine

CENTER FOR HEALTH SCIENCES

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June 23rd, 2014

Re: OSU Family Medicine Residency Handbook Signature Page

I have read the OSU Family Medicine Residency Handbook and will abide by the policies and procedures therein.

Jeffrey Snyder
Name (please print)

Jeffrey Snyder
Signature

6-22-14
Date